



## **DHHS WAIVER ADVISORY COMMITTEE** **MEETING MINUTES**

**Date:** February 28, 2012 **Time:** 1:00 pm – 3:00 pm **Location:** McKimmon Center, Raleigh, NC

MEETING CALLED BY			Ken Marsh, LME Support Services		
TYPE OF MEETING			DHHS Waiver Advisory Committee (DWAC)		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch	<input checked="" type="checkbox"/>	Beth Melcher	Assistant Secretary DHHS	<input checked="" type="checkbox"/>
Margaret Stargell	Coastal Horizons Center, Inc.	<input checked="" type="checkbox"/>	Ken Marsh	LME Support Services	<input checked="" type="checkbox"/>
Jack Naftel, MD	NC Physicians Association	<input checked="" type="checkbox"/>	Kathy Nichols	DMA Waiver Pgms Mgr	<input checked="" type="checkbox"/>
Rosemary Weaver	State	<input checked="" type="checkbox"/>	Kelly Crosbie	DMA	<input checked="" type="checkbox"/>
Carol Messina	State	<input checked="" type="checkbox"/>	Jim Jarrard	DMH/DD/SAS Asst. Dir.	<input checked="" type="checkbox"/>
Susan Monroe	Local	<input checked="" type="checkbox"/>	Flo Stein	DMH-CPM Section Chief	<input checked="" type="checkbox"/>
Marc Jacques	Local	<input checked="" type="checkbox"/>	Mabel McGlothlen	DMH/DD/SAS	<input checked="" type="checkbox"/>
Deby Dihoff	NAMI	<input checked="" type="checkbox"/>	Eric Fox	DMH/DD/SAS	<input checked="" type="checkbox"/>
Ellen Perry	DD	<input checked="" type="checkbox"/>			
Cherene Caraco	Mecklenburg's Promise	<input type="checkbox"/>			
Lois Cavanagh-Daley	NC CANSO	<input checked="" type="checkbox"/>	GUEST		
Arthur C. Wilson	Transylvania Co.	<input checked="" type="checkbox"/>	NAME	AFFILIATION	PRESENT
William Smith III	Wayne Co.	<input checked="" type="checkbox"/>	Shealy Thompson	DMHDDSAS – QM Team	<input checked="" type="checkbox"/>
Brian Ingraham	Smoky Mtn.	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Ken Jones	Eastpointe	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mike Watson	Deputy Sec. for Health Svcs	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Craigán Gray	Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Tara Larson	DMA, Chief COO	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Steve Jordan	Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U. Nenna Lekwauwa	Medical Director	<input type="checkbox"/>			<input type="checkbox"/>

### **1. Agenda topic: Welcome and Approval of Minutes** **Presenter(s):** Ken Marsh

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Welcome to members and guests.</li> <li>Brief discussion of minutes.</li> <li>Reminder to sign up for Public Comments Period</li> </ul>		
<b>Conclusions</b>	Minutes approved with no changes.		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Post Approved Minutes to DWAC Web page</li> </ul>	Ken Marsh	3/20/2012	

### **2. Agenda topic: Roll Call and Chair Nomination Process** **Presenter(s):** Ken Marsh

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Roll call – Cherene Allen-Caraco and U. Nenna Lekwauwa unable to attend.</li> <li>Ballots handed out and discussed</li> <li>Margaret Stargell requested she be removed from list</li> <li>Members asked to vote and hand in.</li> <li>Travel reimbursement discussed for those eligible. Hotel arrangements available for next meeting.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>17 ballots received. William “Lee” Smith nominated with eight votes. Deby Dihoff elected to be back-up chairperson with five votes.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Begin planning with Chair for next meeting</li> </ul>	Ken Marsh Kathy Nichols	3/20/2012	

### 3. Agenda topic: Presentation: Performance Outcomes Presenter(s): Shealy Thompson

<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Overview of DMA &amp; DMH performance requirements – see PowerPoint Presentation at <a href="http://www.ncdhhs.gov/mhddsas/providers/1915bcwaiver/dwac/minutes.htm">www.ncdhhs.gov/mhddsas/providers/1915bcwaiver/dwac/minutes.htm</a></li> <li>• Current Reports and Data Collected – see PowerPoint             <ul style="list-style-type: none"> <li>• NC Legislature: Statewide Performance domains – Seven domains, report two times a year.</li> <li>• Excels – Department project to show public our performance. Measures to be adopted here will be available on website.</li> <li>• Goal is to standardize the reporting process statewide</li> <li>• Physical healthcare measure first Measure that DMA/DMH will be reporting the same way</li> </ul> </li> <li>• Dashboards - Discussed information LME/MCO'S will be reporting for Waiver requirements– see PowerPoint             <ul style="list-style-type: none"> <li>• Self reported and validated by external quality control organization. LME/MCO's will all be reporting same information</li> <li>• DMA data to be made available on website</li> <li>• First round of quarterly data due end of March</li> <li>• Question regarding where grievances are reported – reported to MCOs</li> </ul> </li> <li>• Consumer and Provider Experiences             <ul style="list-style-type: none"> <li>• Collected in annual Surveys</li> <li>• MH/SA Perception of Care Survey – will be done in spring each year</li> <li>• LME-MCO Consumer Survey will be done in fall by independent contractors</li> <li>• DMA and DMH plan to combine the two surveys into one standardized consumer survey in the future</li> </ul> </li> <li>• Brian Ingraham - LME/MCOs a better way to operate, progress not going to happen overnight</li> <li>• Community System Progress Report – Current DMH performance measures for LMEs and LME-MCOs</li> <li>• PBH Managed Care Experience Report – looks at PBH over last five years. Shealy requested feedback from committee on this report.             <ul style="list-style-type: none"> <li>• PBH's report provides baseline data for LMEs as they go into MCO.</li> </ul> </li> <li>• Ken Jones- Comparisons – want to show improvement over time. LME/MCO needs to compare at state line average rather than compare to other level of care, not statewide, possibly LME past performance, urban, metropolitan, etc.</li> <li>• Other reports available – NCTOPPS, Consumer Perception of Care Reports, National Core Indicator Reports</li> <li>• Jack Naftel- Question: Who has access to the data and how easy is to compare and utilize all of the data sources             <ul style="list-style-type: none"> <li>• Comparing MH/SA consumers difficult to do</li> <li>• Who has access to data – DMH staff, DMA to Medicaid. Some staff in each division can access information and respond to inquiries. Universities can receive DHHS data for specific research purposes</li> </ul> </li> <li>• CAP Waivers will be going away and replaced by Innovations Waiver</li> <li>• Questions raised on whether CABHA's will be going away. Noted that PBH does not use CABHA's.</li> <li>• Outcomes that were not included in packet             <ul style="list-style-type: none"> <li>• Critical Incident Reports</li> <li>• Grievances/Appeals</li> <li>• Service Interventions – Claims data, Admissions to hospitals, follow up care, timely access to care.</li> </ul> </li> <li>• Guidelines – how we collect useful things within LME/MCO authority. Want recommendations for 1-2 outcomes measures per age/disability group.</li> <li>• Discussion on using independent sources</li> </ul>
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- Rosemary Weaver inquired about combine consumer survey and regular survey for block grants.
- Marc Jacques questioned requirements to validate the data
- Approved – think in terms of progress, claims processing.
- NC Medicaid has obligation to CMS to ensure good data, impose penalties or withhold per member/per month. Can be more serious depending on issues. CMS expects corrections.
- Suggestions from Committee members of things to think about data and meaningful performance outcomes:
  - Debbie Dehoff Things to think about in regards to performance data
    - ED wait times – measure that addresses point of view of consumers. Think ahead and measure some things that consumers care about.
    - Do we have the right services in each LME.
    - Are choices appropriate and not just the only choice from that LME.
    - Evidence based practices – shift services toward right array.
    - Try to benchmark number of beds per hundred thousand to national average. What are good benchmarks by national standard?
    - Response: QM working on first four issues
  - Peggy Terhune
    - outcomes would be better to track than process, don't track who we are losing in process – Consumers don't show back up
    - Outcomes – do people get better – track quality of life (Kathy responded)
  - Ellen Perry
    - LME-MCO Consumer survey questions not worded right, racial/ethnic vs. cultural
    - Self advocates – level of communicating different from LME/Division level
  - Marc Jacques/Ellen Perry
    - MH/SA Perception of Care survey was developed by SAMHSA with Consumers and data was validated
    - There are Some additional questions that LMEs need to ask
    - Requested input on the outcome measures currently collected.
- Mercer's Plan for Receiving Stakeholders Input based upon regional meetings
  - June – finalize outcome measures
  - Begin measureing
  - Ellen Perry – concerns about Mercer, they need IDD advocates to help in soliciting information
  - Stuart Berde – reach out to different stakeholders.
  - Will hold conversations with IDD community separately
- Ken Jones- With different requirements of performance anyway to consolidate
  - LME, SAMSHA Blockgrants, DMA, DMH, and waiver, primary focus on waiver performance measures and how to get to improved quality of the system and for consumers.
  - LMEs – may also take those on too many performance projects / measures
  - Shealy – plan is use same measures for both DMA and DMH contracts, but broken out by Medicaid/State, etc.
  - Continue to work on standardization
- Dashboard handout
  - PBH dashboard on waiver – Medicaid side – per CMS requirements.
- Jack Naftel
  - Request for Medical expense defnition - DMA response – 85/15% ratio
  - Service Side Standard 85%. If running higher month after month – need to look at and do some planning.
  - Provider Side – surveys in packet
  - PBH – last two pages - information by agency

2/21/2012

**4. Agenda topic: Committee Suggested Future Waiver Presentation/Updates Presenter(s): Steve Jordan/  
Kelly Crosbie**

- Peggy Terhune brought provider organization issues to committee for review - some issues currently being worked on by DHHS – (Handout document)
  - Request for consistent applications to LMEs
  - Way to do individual provider credentialing
  - Response – hope to have standardized application by January 1
  - Western Highlands – UR & NCQA approach for credentialing a possibility
  - Appreciate being heard/considered
  - Issues: belief systems different – be sure claims are being paid
  - ECBH paying but having difficulty
  - Fidelity to PBH – Comprehensive Care Providers utilized, not CABHAs. Question: Are we eliminating CABHAs. Requirements for CCP different from CABHAs.
  - Questions: PBH does not have CABHAs. Response: PBH was an MCO before there were CABHAs. Though CABHA rules expired, still have the process.
  - PBH allows more than two (90801s) if preauthorized. What would requirements be for other LME/MCOs.
  - Western Highlands asking for information on what is medically necessary and what will we pay. Response: PBH serves as the community guide.
  - PBH has one ACTT provider – no choices – is this the best option for consumer
  - ICFs having to enroll with every MCO
  - PBH provider training and recommend
  - What is an LME if not an MCO – question raised re: interlocal agreement. Response: Wake/Durham merging – July 1 of this year; Cumberland/Johnston – Interlocal agreement. This makes them an LME area authority, their function is not covering. From Medicaid perspective Johnson, Cumberland, Wake do not exist – we deal with Durham. Johnson/Cumberland will service as subcontractors, managers, not providers.
- Ken/Kathy to be contacts for questions and will work with Peggy Terhune

	<ul style="list-style-type: none"> <li>Ken Jones requested FAQs on website to address questions/answers so we will not have to repeat these issues.</li> <li>Jack Naftel – asked what the process is for bringing questions to the Committee. The new DWAC chair will work with assigned DMA and DMHDDSAS assigned staff with an initial discussion with Tara Larson and Steve Jordon.</li> <li>Carol Messina - Wants answers to come from this committee for resolution</li> </ul>		
<b>Conclusions</b>	Committee would like IMT updates monthly		
<b>Action Items</b>		<b>Person(s) Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>Create Committee Issues Tracking Log and post on DWAC page... issues tracked and managed by committee with assistance of State assigned staff.LME–MCO IMT updates to DWAC members monthly</li> </ul>		Ken Marsh and Kathy Nichols will work with Peggy Terhune	Monthly
		Kelly Crosbie	Monthly

#### 5. Agenda topic: Public Comment Period

**Moderator: Steve Jordan**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Dave Richards – The Arc</li> <li>Concerns about 1915 (b)(c) regarding Data collection – Compare LMEs to LMEs. Normalized data out there already. Good data available from the LMEs. Suggestions comparing LME status information with MCO status information.</li> <li>Transition questions – consumers/families like case managers vs. care coordinators. Possibly change back if necessary.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>Questions to be carried to future meetings.</li> <li>Many good questions presented, want to see them addressed at later meetings.</li> </ul>		
<b>Action Items</b>			
<ul style="list-style-type: none"> <li></li> </ul>			

**Next Meeting: Wednesday, March 21, 2012, 1:00 p.m. – 3:00 p.m.**